

ATTACHMENT C



EXECUTIVE OFFICES
875 EAST STREET
TEWKSBURY, MASSACHUSETTS 01876-1495
978-851-8000

January 13, 2017

Jennifer Artesi
173 Beauty Hill Road
Ctr. Barnstead, NH 03225

Dear Jennifer:

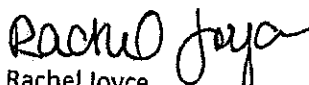
This letter is in reference to your Family Medical Leave, which commenced on: December 30, 2016. The one week allotment ended on January 7, 2017.

This letter is notification that if you do not return to your employment effective: **January 23, 2017**, the maximum time limit for this FMLA leave will be expired. We are also notifying you that our obligations under this FMLA leave have been met and the following conditions will apply:

- If you were eligible for health and/or dental insurance under our plans, continuation of coverage will be offered to you through COBRA. A COBRA package will be sent to your home address and you will have the option of continuing the coverage at your discretion through our COBRA program.
- Your employment status with Demoulas Super Markets, Inc. will be at the discretion of the company. Your position has been maintained during your FMLA leave and your rights will be exhausted.

If you have any questions in reference to this letter or your FMLA leave, please feel free to call at (978)640-8352.

Sincerely,


Rachel Joyce
Benefits Administrator

Cc: Mr. Labatte
Store Director, #36

Cc: Mr. Maguire

Designation Notice (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003

Expires: 5/31/2018

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

To: Jennifer Artesi

Date: 01/13/2017

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided.
We received your most recent information on January 12, 2017 and decided:

☒ Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

☒ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: 1 week from 12/30/2016

☐ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

☐ You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

☐ We are requiring you to substitute or use paid leave during your FMLA leave.

☒ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position ☐ is ☒ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

☐ Additional information is needed to determine if your FMLA leave request can be approved:

☐ The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.
(Provide at least seven calendar days)

(Specify information needed to make the certification complete and sufficient)

☐ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

☐ Your FMLA Leave request is Not Approved.

☐ The FMLA does not apply to your leave request.

☐ You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10–30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

TO: Jannet Miller
fax 305-957-7076

From: Rachel Joyce
fax 978-640-8374

Jennifer Artesi's final determination
for FMLA.

Thank you

HP LaserJet 400 MFP M425dn

Fax Confirmation

Jan-13-2017 10:12AM

Job	Date	Time	Type	Identification	Duration	Pages	Result
124	1/13/2017	10:11:41AM	Send	13059577076	1:10	3	OK

To: Janniz Miller
Fax 305-957-7076

From: Rachel Joyce
Fax 978-640-8574

Jennifer Arnesi's final determination
for FMLA.

Thank you